

Case Number:	CM14-0134812		
Date Assigned:	08/27/2014	Date of Injury:	11/21/1999
Decision Date:	09/25/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Montana. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was injured on 11/21/99 while trying to prevent an altercation between guests. Since then he has had a long history of low back pain with numbness and tingling into the legs. He has been approved for bilateral L4-5 decompression/laminotomy with surgery performed on 8/7/14. The primary treating physician has requested DVT max and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DVT max and supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Knee and Leg (DVT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Disease Control and Mayo Clinic.

Decision rationale: The MTUS does not address the request for DVTmax and supplies. The DVTmax unit provides complete compression therapy approved for deep vein thrombosis prophylaxis, edema, lymphedema and venous insufficiency. The utilization review noted that risk for deep vein thrombosis (DVT) of the lower extremities is most significant for joint replacements, particularly the knees and hips. Since the injured worker was approved for lumbar surgery it was determined that he was not at high risk for development of DVT. In this case

medical record show that he did have lumbar decompression/laminotomy at L4-5 on 8/7/14. Postoperative notes shows that he was out of bed and mobile, making good progress with physical therapy. Homans sign was negative. Mechanical DVT prophylaxis was used postoperatively. The injured worker does have some risk factors for DVT including smoking and age greater than 60. Significant risk factor such as inherited blood clotting disorder, long periods of bedrest, prolonged sitting without ambulation, obesity, cancer, heart failure and a personal or family history of DVT are not present. The request for DVT max and supplies is not medically necessary.